

Form

AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10

Part A: Organization Information

1. Organization Name Upland Hills Health Foundation			
2. Organization Permanent Address 800 Compassion Way			
3. City Dodgeville	4. State WI	5. Zip Code 53533	
6. Mailing Address (if different from permanent address)			
7. FEIN 421017512	8. Date of Organization/Incorporation 01/01/74	9. State of Organization/Incorporation Wisconsin	
10. Phone 608-930-7169	11. Email turpin@uplandhillshealth.org		
12. Organization type (check one)			
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Lee	Skip	President	608-514-4033
Boyer	Martha	Vice President	608-574-5236
Cates	Dick	Treasurer	608-588-2836
Martin	Joni	Secretary	608-341-8613
Turpin	Angela	Director	608-482-0479

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <i>Sip & Savor</i>			
2. Dates of Operation <i>July 12, 2025</i>		3. Hours of Operation <i>4:00pm - 10:00pm</i>	
4. Premises Address <i>600 N. Bennett Rd</i>			
5. City <i>Dodgeville</i>		6. State <i>WI</i>	7. Zip Code <i>53533</i>
8. County <i>Iowa</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Dodgeville</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event <i>turpin@uplandhillshealth.org</i>	
13. Organizer Website <i>uplandhillshealth.org</i>		14. Event Website <i>uplandhillshealth.org</i>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Harris Park</i>			

Part D: Attestation			
Who must sign this application?			
• one officer or director of the nonprofit organization			
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name <i>Turpin</i>		First Name <i>Angela</i>	
Middle Initial <i>M</i>			
Title <i>Foundation Director</i>		Phone <i>608-930-7169</i>	
Signature <i>Angela Turpin</i>		Email <i>turpin@uplandhillshealth.org</i>	
		Date <i>6-19-25</i>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	